AcceleDent

ACCELEDENT

Status: activeForm type: defaultCompany: Acme Inc

DISCLAIMER

AcceleDent is a hands-free orthodontic device designed to speed up tooth movement when used alongside fixed braces or clear aligners. It uses SoftPulse Technology® to deliver gentle micropulses to the teeth and surrounding bone, which are claimed to enhance bone remodelling and reduce overall orthodontic treatment time. The aims and motivations for having the procedure and the desired outcome are to shorten the duration of orthodontic treatment, potentially reduce discomfort during tooth movement, and improve treatment efficiency. The risks inherent in the procedure include temporary gum or tooth soreness, slight loosening of teeth (a normal part of orthodontic movement), gum irritation, excessive salivation, dry mouth, mild jaw discomfort, or device-related issues such as breakage or malfunction. Although rare, improper use could cause damage to orthodontic appliances. The risks inherent in refusing the procedure include a longer orthodontic treatment time, extended wearing of braces or aligners, and possibly prolonged discomfort from tooth movement. The risks specific to me may include gum sensitivity, reduced benefit if the device is not used consistently as directed, or exacerbation of pre-existing jaw joint (TMJ) problems. The expected benefits of the treatment are a possible reduction in orthodontic treatment time (by up to 30–50% in some cases, according to manufacturer data), reduced discomfort during adjustments, and increased efficiency of tooth movement. The potential disadvantages of the treatment include the additional cost of the device, the need for daily use as prescribed (usually 20 minutes per day), and the possibility of little or no improvement in treatment time for some patients. Alternative procedures and their pros and cons include standard orthodontic treatment without acceleration devices (effective but slower), other acceleration methods such as Propel® (which is more invasive and may involve minor surgery), or vibrational devices from other manufacturers (which may have different efficacy claims and costs). Any uncertainties about and the likelihood of success of the procedure include that clinical research on acceleration devices shows mixed results, and not all patients experience significantly faster movement. Results vary depending on biological response, compliance, and the complexity of the case. Any follow-up treatment that may be required could include continued standard orthodontic adjustments, repairs to the device if damaged, or continued use until the orthodontist determines it is no longer needed.

Informed Consent and Photography I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: the aims/motivations for having the procedure and the desired outcome the risks inherent in the procedure the risks inherent in refusing the procedure the risks specific to me the expected benefits of the treatment the potential disadvantages of the treatment alternative procedures and their pros and cons – including the option of no treatment at all any uncertainties about and the likelihood of success of the procedure any follow-up treatment that may be required Clinical Photographs and Videos: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

QUESTIONS

Do you understand the information you have been provided?

◯ Yes ◯ No

Do you feel sufficient information has been provided to you, to enable you to consent?

◯ Yes ◯ No

Has your consent been freely given?

◯ Yes ◯ No

Do you have any medical conditions?

◯ Yes ◯ No

Are you pregnant or breastfeeding?

◯ Yes ◯ No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

◯ Yes ◯ No

Do you have an autoimmune disease?

◯ Yes ◯ No

Do you have any skin conditions?

◯ Yes ◯ No

Do you have any known allergies or have ever had anaphylaxis?

◯ Yes ◯ No

Do you have any active infection at the intended site of procedure?

◯ Yes ◯ No

Are you taking antibiotics or other prescription medications?

◯ Yes ◯ No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.